

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CONSERVATIVE MAJORITY FUND

ADDRESS (number and street) 2776 S ARLINGTON MILL DR #806

Check if different than previously reported. (ACC)

ATTN: SCOTT B MACKENZIE ARLINGTON VA 22206

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00524454

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2016 through [MM] / [DD] / [YYYY] 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT MACKENZIE

Signature of Treasurer SCOTT MACKENZIE [Electronically Filed] Date 04 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**CONSERVATIVE MAJORITY FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="8816.68"/>	<input type="text" value="8816.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8816.68"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="90878.68"/>	<input type="text" value="90878.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="99695.36"/>	<input type="text" value="99695.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="85694.02"/>	<input type="text" value="85694.02"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14001.34"/>	<input type="text" value="14001.34"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="800.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**CONSERVATIVE MAJORITY FUND**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2575.00	2575.00
(ii) Unitemized .....	84972.59	84972.59
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	87547.59	87547.59
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	87547.59	87547.59
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	300.00	300.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3031.09	3031.09
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	90878.68	90878.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	90878.68	90878.68

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	12628.33	12628.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12628.33	12628.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	72680.69	72680.69
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	300.00	300.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	85.00	85.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	85.00	85.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	85694.02	85694.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85694.02	85694.02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	87547.59	87547.59
34. Total Contribution Refunds (from Line 28(d)) .....	85.00	85.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	87462.59	87462.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12628.33	12628.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12628.33	12628.33

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. MR GEORGE R BROWN 341**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26291 MIRA WAY  
 City State Zip Code  
 BONITA SPGS FL 34134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : SA11AI.4429**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. MR WILLIAM C JERNIGAN 352**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 TURNBERRY PL  
 City State Zip Code  
 SHOAL CREEK AL 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : SA11AI.5482**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. MR FREDERICK W KLEIN 857**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36584 S WIND CREST DR  
 City State Zip Code  
 TUCSON AZ 85739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : SA11AI.7617**  
 Amount of Each Receipt this Period  
 225.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	975.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. MS ONA LESTER 300**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 HUMPHRIES RD NW  
 City State Zip Code  
 CONYERS GA 30012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2016  
**Transaction ID : SA11AI.7717**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. MS LINDA L LESTER 950**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2425 RIC DR  
 City State Zip Code  
 GILROY CA 95020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2016  
**Transaction ID : SA11AI.5717**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. MRS MARCIA W MONNIER 454**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6985 WEMBLEY CIR  
 City State Zip Code  
 DAYTON OH 45459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2016  
**Transaction ID : SA11AI.7919**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. MRS NANCY L ORME 201**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41284 HOGELAND MILL RD  
 City LEESBURG State VA Zip Code 20175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation NURSE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 10 / 2016**  
**Transaction ID : SA11AI.6168**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. MR ANNE M RYAN 334**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5402 PENNOCK POINT RD  
 City JUPITER State FL Zip Code 33458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation MUSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 28 / 2016**  
**Transaction ID : SA11AI.8261**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. MS CARRIE E WILSON 410**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 76280  
 City HIGHLAND HEIGHTS State KY Zip Code 41076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : SA11AI.8635**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A.** Full Name (Last, First, Middle Initial)  
**MR THOMAS B WOODWORTH 339**

Mailing Address 2665 W GULF DR APT 3

City State Zip Code  
SANIBEL FL 33957

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2016

**Transaction ID : SA11AI.7078**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2575.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 46  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input checked="" type="checkbox"/> 13								

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. SCOTT B MACKENZIE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2776 S ARLINGTON MILL DR  
City ARLINGTON State VA Zip Code 22206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MACKENZIE & COMPANY Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2016  
**Transaction ID : SA13.9199**  
Amount of Each Receipt this Period 300.00  
 Memo Item  
**PERSONAL LOAN**

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	300.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. INFOCISION MANAGEMENT CORP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 SPRINSIDE DRIVE  
 City AKRON State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1798.09

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2016  
**Transaction ID : SA17.9200**  
 Amount of Each Receipt this Period  
 1798.09  
 Memo Item  
 LIST RENTAL INCOME

**B. INFOCISION MANAGEMENT CORP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 SPRINSIDE DRIVE  
 City AKRON State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3031.09

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2016  
**Transaction ID : SA17.9201**  
 Amount of Each Receipt this Period  
 1233.00  
 Memo Item  
 LIST RENTAL INCOME

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3031.09
<b>TOTAL</b> This Period (last page this line number only).....▶	3031.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. ACTIVE ENGAGEMENT LLC**

Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

**Transaction ID : SB21B.9202**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTIVE ENGAGEMENT LLC**

Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2016

**Transaction ID : SB21B.9204**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTIVE ENGAGEMENT LLC**

Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2016

**Transaction ID : SB21B.9203**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. FIRSTMERIT BANK**

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement  
BANK CHARGES

001

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : SB21B.7116

Amount of Each Disbursement this Period

756.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRSTMERIT BANK**

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement  
BANK CHARGES

001

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : SB21B.7118

Amount of Each Disbursement this Period

965.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRSTMERIT BANK**

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement  
BANK CHARGES

001

Candidate Name  
**CONSERVATIVE MAJORITY FUND**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2016

Transaction ID : SB21B.7119

Amount of Each Disbursement this Period

1631.59

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3353.26

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC DIRECT RESPONSE FUNDRAISING

003

Category/  
Type

Candidate Name

**CONSERVATIVE MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 08 / 2016

**Transaction ID : SB21B.7185**

Amount of Each Disbursement this Period

2725.30

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2725.30

**TOTAL** This Period (last page this line number only)..... ▶

12578.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CONSERVATIVE MAJORITY FUND**

**A. SCOTT B MACKENZIE**

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DR

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement LOAN REPAYMENT

Candidate Name CONSERVATIVE MAJORITY FUND

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 23 / 2016

Transaction ID : SB26.9211

Amount of Each Disbursement this Period: 300.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	300.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CONSERVATIVE MAJORITY FUND** Transaction ID : **SC/10.7128**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) SCOTT B MACKENZIE	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2776 S ARLINGTON MILL DR		
City ARLINGTON	State VA	ZIP Code 22206

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y  /

Interest Rate:  % (apr)

Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="800.00"/>
<b>TOTALS</b> This Period (last page in this line only)..... ▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CONSERVATIVE MAJORITY FUND** Transaction ID : **SC/10.9199**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) SCOTT B MACKENZIE	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2776 S ARLINGTON MILL DR		
City ARLINGTON	State VA	ZIP Code 22206

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	300.00	0.00

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y  /

Interest Rate:  % (apr)

Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text" value="800.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL DAYS
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ
Calendar Year-To-Date Per Election for Office Sought 0.00

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 524.48

(a) SUBTOTAL of Itemized Independent Expenditures 524.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT MACKENZIE [Electronically Filed] Date 04 / 14 / 2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00524454
------------------------------------------------------------------	----------------------------------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>	
Mailing Address 325 SPRINSIDE DRIVE		Amount <input type="text" value="76.24"/>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7131</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="76.24"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>	
Mailing Address 325 SPRINSIDE DRIVE		Amount <input type="text" value="693.12"/>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7132</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="693.12"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text" value="769.36"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date  /  /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 317.85
Date of Public Distribution/Dissemination 11/16/2015
Amount 317.85
Transaction ID : SE.7133
Date of Disbursement or Obligation 02/12/2016
Office Sought: President
Disbursement For: General

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 4055.33
Date of Public Distribution/Dissemination 11/16/2015
Amount 4055.33
Transaction ID : SE.7134
Date of Disbursement or Obligation 02/12/2016
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 4373.18
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT MACKENZIE [Electronically Filed] Date 04/14/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 554.61
Transaction ID: SE.7135
Date of Disbursement or Obligation 02/12/2016

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 396.32
Transaction ID: SE.7136
Date of Disbursement or Obligation 02/12/2016

(a) SUBTOTAL of Itemized Independent Expenditures 950.93
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT MACKENZIE [Electronically Filed] Date 04/14/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00524454
------------------------------------------------------------------	----------------------------------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">100.24</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7137</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">100.24</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">2149.41</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7138</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2149.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">2249.65</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT MACKENZIE

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00524454
------------------------------------------------------------------	----------------------------------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">1045.28</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7139</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1045.28</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">152.71</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7140</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">152.71</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1197.99</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00524454
------------------------------------------------------------------	----------------------------------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015
Mailing Address 325 SPRINSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">165.08</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.7141</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Purpose of Expenditure VOTER CONTACT Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">165.08</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015
Mailing Address 325 SPRINSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">1394.28</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.7142</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Purpose of Expenditure VOTER CONTACT Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1394.28</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1559.36</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT MACKENZIE [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">701.95</span>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.7143</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">701.95</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">333.61</span>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.7144</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">333.61</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1035.56</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2015</b>
Mailing Address 325 SPRINSIDE DRIVE			Amount <b>306.41</b>
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7145</b>
Purpose of Expenditure VOTER CONTACT	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 12 / 2016</b>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		<b>306.41</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2015</b>
Mailing Address 325 SPRINSIDE DRIVE			Amount <b>477.79</b>
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7146</b>
Purpose of Expenditure VOTER CONTACT	Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 12 / 2016</b>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		<b>477.79</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>784.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date **04 / 14 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00524454
------------------------------------------------------------------	----------------------------------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>	
Mailing Address 325 SPRINSIDE DRIVE		Amount <input type="text" value="493.24"/>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7147</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="493.24"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>	
Mailing Address 325 SPRINSIDE DRIVE		Amount <input type="text" value="151.11"/>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7148</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <input type="text" value="004"/>	Date of Disbursement or Obligation <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="151.11"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text" value="644.35"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE* [Electronically Filed] Date  /  /

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
639.50
Transaction ID : SE.7149
Date of Disbursement or Obligation
02 / 12 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
739.51
Transaction ID : SE.7150
Date of Disbursement or Obligation
02 / 12 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 1379.01
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT MACKENZIE
[Electronically Filed]
Date
04 / 14 / 2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00524454
------------------------------------------------------------------	----------------------------------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">1081.67</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7151</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1081.67</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">580.38</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7152</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">580.38</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1662.05</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2015</b>
Mailing Address 325 SPRINSIDE DRIVE		Amount <b>317.96</b>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT	Category/Type <b>004</b>	Transaction ID : <b>SE.7153</b> Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 12 / 2016</b>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	<b>317.96</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2015</b>
Mailing Address 325 SPRINSIDE DRIVE		Amount <b>656.19</b>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT	Category/Type <b>004</b>	Transaction ID : <b>SE.7154</b> Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 12 / 2016</b>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought	<b>656.19</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>974.15</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**04 / 14 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 110.71
Transaction ID: SE.7155
Date of Disbursement or Obligation 02/12/2016

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 197.28
Transaction ID: SE.7156
Date of Disbursement or Obligation 02/12/2016

(a) SUBTOTAL of Itemized Independent Expenditures 307.99
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT MACKENZIE [Electronically Filed] Date 04/14/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 293.88
Date of Public Distribution/Dissemination 11/16/2015
Amount 293.88
Transaction ID: SE.7157
Date of Disbursement or Obligation 02/12/2016
Office Sought: President
Disbursement For: General

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 148.15
Date of Public Distribution/Dissemination 11/16/2015
Amount 148.15
Transaction ID: SE.7158
Date of Disbursement or Obligation 02/12/2016
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 442.03
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT MACKENZIE [Electronically Filed] Date 04/14/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 967.23
Transaction ID: SE.7159
Date of Disbursement or Obligation 02/12/2016

Full Name of Payee INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINSIDE DRIVE
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 223.00
Transaction ID: SE.7160
Date of Disbursement or Obligation 02/12/2016

(a) SUBTOTAL of Itemized Independent Expenditures 1190.23
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT MACKENZIE [Electronically Filed] Date 04/14/2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00524454
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015
Mailing Address 325 SPRINSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">2165.97</span>
City State Zip Code AKRON OH 44333	<b>Transaction ID : SE.7161</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Purpose of Expenditure VOTER CONTACT Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2165.97</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015
Mailing Address 325 SPRINSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">1051.48</span>
City State Zip Code AKRON OH 44333	<b>Transaction ID : SE.7162</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Purpose of Expenditure VOTER CONTACT Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1051.48</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">3217.45</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE* [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>325 SPRINSIDE DRIVE</b>		Amount <input type="text"/>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	Transaction ID : <b>SE.7163</b>	
Purpose of Expenditure <b>VOTER CONTACT</b> Category/Type <input type="text"/> <b>004</b>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ND</b>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>76.02</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>325 SPRINSIDE DRIVE</b>		Amount <input type="text"/>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	Transaction ID : <b>SE.7164</b>	
Purpose of Expenditure <b>VOTER CONTACT</b> Category/Type <input type="text"/> <b>004</b>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>1263.10</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> <b>1339.12</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE* [Electronically Filed] Date  /  /

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
407.44
Transaction ID : SE.7165
Date of Disbursement or Obligation
02 / 12 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
429.23
Transaction ID : SE.7166
Date of Disbursement or Obligation
02 / 12 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 836.67
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT MACKENZIE
[Electronically Filed]
Date 04 / 14 / 2016
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00524454
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">1424.33</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7167</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1424.33</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">118.69</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7168</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">118.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1543.02</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT MACKENZIE

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 11 / 16 / 2015
Mailing Address 325 SPRINSIDE DRIVE			Amount 513.51
City AKRON	State OH	Zip Code 44333	Transaction ID : <b>SE.7169</b>
Purpose of Expenditure VOTER CONTACT	Category/Type 004		Date of Disbursement or Obligation 02 / 12 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		513.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 11 / 16 / 2015
Mailing Address 325 SPRINSIDE DRIVE			Amount 88.60
City AKRON	State OH	Zip Code 44333	Transaction ID : <b>SE.7170</b>
Purpose of Expenditure VOTER CONTACT	Category/Type 004		Date of Disbursement or Obligation 02 / 12 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought		88.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	602.11
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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*SCOTT MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date 04 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00524454
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">700.80</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7171</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">700.80</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">2670.36</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7172</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2670.36</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">3371.16</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*SCOTT MACKENZIE* [Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00524454
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015
Mailing Address 325 SPRINSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">276.38</span>
City State Zip Code AKRON OH 44333	
Purpose of Expenditure VOTER CONTACT	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">276.38</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015
Mailing Address 325 SPRINSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">71.41</span>
City State Zip Code AKRON OH 44333	
Purpose of Expenditure VOTER CONTACT	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">71.41</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">347.79</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*SCOTT MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
CONSERVATIVE MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00524454

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINSIDE DRIVE
City: AKRON, State: OH, Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT, Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON, Office Sought: President
Amount: 890.84, Transaction ID: SE.7175, Date of Disbursement: 02/12/2016

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINSIDE DRIVE
City: AKRON, State: OH, Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT, Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON, Office Sought: President
Amount: 748.90, Transaction ID: SE.7176, Date of Disbursement: 02/12/2016

(a) SUBTOTAL of Itemized Independent Expenditures: 1639.74
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT MACKENZIE [Electronically Filed] Date 04/14/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00524454
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">209.84</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7177</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">209.84</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 16 / 2015	
Mailing Address 325 SPRINSIDE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">625.79</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7178</b>
Purpose of Expenditure VOTER CONTACT	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">625.79</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">835.63</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT MACKENZIE

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00524454
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2015</b>
Mailing Address 325 SPRINSIDE DRIVE			Amount <b>61.82</b>
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7179</b>
Purpose of Expenditure VOTER CONTACT	Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 12 / 2016</b>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought		<b>61.82</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 16 / 2015</b>
Mailing Address 325 SPRINSIDE DRIVE			Amount <b>73.15</b>
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.7180</b>
Purpose of Expenditure VOTER CONTACT	Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 12 / 2016</b>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought		<b>73.15</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>134.97</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date **04 / 14 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00524454
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016
Mailing Address 325 SPRINSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">15000.00</span>
City State Zip Code AKRON OH 44333	<b>Transaction ID : SE.4107</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 07 / 2016
Purpose of Expenditure VOTER CONTACT CALLS OVER NINE DAYS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">0.00</span>	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 01 / 2016
Mailing Address 325 SPRINSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">15000.00</span>
City State Zip Code AKRON OH 44333	<b>Transaction ID : SE.7181</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 07 / 2016
Purpose of Expenditure VOTER CONTACT	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">15000.00</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">15000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT MACKENZIE  
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00524454
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>02 / 01 / 2016</b>
Mailing Address 325 SPRINSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">13475.35</span>
City State Zip Code <b>AKRON OH 44333</b>	<b>Transaction ID : SE.7184</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>03 / 29 / 2016</b>
Purpose of Expenditure VOTER CONTACT	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">23768.51</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>
Mailing Address	Amount <span style="border: 1px solid black; padding: 2px;"></span>
City State Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>
Purpose of Expenditure	Category/Type <span style="border: 1px solid black; padding: 2px;"></span>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">13475.35</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">72680.69</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*SCOTT MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**04 / 14 / 2016**